

SPECIAL SERVICES ADVISORY COMMITTEE MINUTES

November 17, 2011

Waukesha County DHHS – Brookfield Room

12:00 – 1:30 PM

Members Present: Bonnie Siegel, Teri O’Grady, Patrick Jauquet, Deb DeMaster, Kim Emmer, Julie Turkoske, Kathy Evans, Missy Kueht-Becker, Nichole Hunkins

DHHS Liaisons Present: Don Daniels, Erin Zellmer, Trisha Nepper, Kate Wallenslager

Visitors Present: Sharon Steinmetz, Mary Alice Grosser, Lisa Roberts

Members Absent: Ann Shurte, Tracey Stanislawski, Dennis Farrell, Elsa Gonzales, Kristin Brost, Lisa Fusco, Mary Jo Foye, Pam Kliner, Sherry Perez, Tina Kasper, MaryAnn Jensen, Cheri Sylla

Agenda Item #1 – Introductions

Members introduced themselves and their roles (parent or professional).

Agenda Item #2 – Solicitation of agenda items/Approval of Minutes from 8/15/2011

Nichole Hunkins made a motion to approve the minutes from the last meeting. The motion was seconded by Missy Kueht-Becker, and the minutes were approved.

Agenda Item #3 – Education Segment – Services provided by the Child and Family Division

Lisa Roberts and Mary Alice Grosser are the two supervisors in the *Child and Family Division* that oversee staff whose job it is to keep children safe. Families with whom they are involved are typically having difficulty with family issues that interfere with their ability to provide adequate care and supervision of their children. Parents’ substance abuse and mental health issues are common among their open cases. The referral starts with the *Access Unit*, which determines where a family’s needs would be best served in the agency. The goals are always to protect children and protect the integrity of the family, whenever possible. Continued services can be voluntary or involuntary. Very few families come voluntarily, however; most are court order.

The first goal is always to learn about the families’ and children’s strengths, needs and support system. Social workers hold family team meetings with the hope of creating a sustainable safety plan. DHHS has contracts with multiple agencies and supports and sometimes uses family’s insurance to access these supports/services. One such resource is Parents Place that provide parent classes, supervised visitation, support groups, etc. Another resource is Catholic Charities (work with cognitively delayed parents for 1:1 mentoring). DHHS also utilizes therapists to work on past trauma resolution. AODA treatment, education, support groups are also encouraged. DHHS works on eliminating barriers (transportation, drug abuse, etc.) to help parents/families be successful. A newer resource is Parent Café that occurs every other month to help guide the process. These provide parent education and support groups; they are open to any parent from the community, including but not limited to foster parents and parents whose children have been removed due to issues of abuse/neglect.) There are many other resources that they utilize, as well. These are a few examples of those resources.

If the child cannot be safely maintained at home, the department acts to protect the children by removing them from their parents’ care and custody. In such cases, the department looks for relatives or family

friends that would be fit and willing to provide care to the child(ren) while the parents work to resolve the issues that led to their child(ren)'s removal. If no such placement can be found, the social worker looks toward foster care or a higher level of care, as needed by the particular child. State law requires that any substitute caregiver, including relatives, become licensed. Those caregivers are also provided with additional training to help them succeed in caring for the child(ren).

When a removal from a parent's home occurs, the social worker works with Juvenile court. The Judge orders "conditions for return" that parents must meet in order to have their child(ren) returned to their care. It is the social worker's job to try to eliminate any/all barriers to success with which the parent is faced. They find out what changes need to happen to improve life and what services need to be involved with the family and strengthen the family as a whole. Whenever a court places a child in a setting other than with their parent, the parent automatically qualifies for T-19 insurance coverage. This benefit is intended to ensure that funding is in place for them to obtain any remediation services that they might need. The judge reviews the conditions for return and the parents' progress in meeting them on a regular basis.

As soon as a child is removed from a parent's care, attention immediately shifts to evaluating the potential for their safe return and establishing an alternate form of "permanency" if a return to parents does not occur. State law is clear that children deserve to have the stability of knowing where they will be living and that they will be safe. Reunification with parents is always the first goal. If that can't occur, a search for a possible guardian/relative occurs. In such a case, the parent would maintain their rights but day-to-day care decisions about the child would be made by the relative or guardian. Termination of Parental Rights (TPR), which leads to adoption, is the last resort. Approximately 20-25% of the cases in which children are removed from their parents' care end in TPR. The *Adoption and Safe Families Act (ASFA)* imposes timelines on parents and the social workers involved with them. If the child is not returned to a parent's care within 15 months, DHHS needs to pursue TPR or present rationale to the court as to why that is not in the child's best interest.

The State/Federal government oversees the work done by counties, in an effort to ensure that quality services are provided to families. DHHS needs to make every effort to ensure the family is engaged and an active part of the emergency/safety plan. State reviewers meet with family members as well as with community, school and treatment providers, to determine if the services that were offered were appropriate and adequate to the need shown by the family. There is also a State documentation system into which the social worker must enter all case notes on a consistent basis. This system allows statewide access to critical child protection agencies across the State, in the event that a family should relocate.

Waukesha County has approximately 125 foster homes [including "Level 1" (relatives) and "Level 2" (non-relatives) homes]. Teenagers and children with special needs are the most difficult to find home for. There is cross-unit collaboration for children with special needs who are placed out-of-home.

Question: Is there research on the long-term effects on the children? Yes, there is a federal grant that is tracking these kids. Nationwide longitudinal studies have found that children who "age out" of the foster care system (i.e. reach the age of 18 while still removed from their parents' care) are more likely to come back into the system due to mental health, domestic abuse, drug & alcohol, homelessness or incarceration issues. Simultaneous to working with the parents to create a safe environment to which the child can return, the social worker/foster parents and others work with the youth to help them develop independent living skills that will prevent these occurrences. Foster Care can be extended after 18 if the child is still in

school and can graduate by age 19. Social workers and youth create transition plans for after age 18 or high school graduation. Those plans include looking into insurance, living arrangements, etc.

Question: What happens when a baby is born with drugs in its system? It is no longer considered abuse when babies that are born with drugs in their system. Unless there are other risk factors evident, no referral is made to Child Protective Services. To help determine whether there are other risk factors, questions are asked about whether there are other people in the home that can care for the baby, what stressors the mother was going through at the time of pregnancy and what other services that the family can use to be safe.

Agenda Item #4 – Birth-to-Three Update (Missy K-B.)

Statistic of the month: Year-to-date as of October 2011, 244 children had been referred to Birth-to-Three and did not qualify. (Patrick Jauquet asked how this number compared to new referrals that were accepted into the program. Missy promised to get back to the group with that information.) The increase in referrals may be due to doctors completing the assessment and still sending the referral onto the Birth-to-Three when not needed. Missy stated that it would be preferred if doctors followed up on their own before referring on to Birth-to-Three. B-3 staff are looking at the intake process to see what needs to change so that better resource referrals can be given out. A new mandate ensures that all children under three years of age and that come to the attention of the department due to issues of abuse/neglect must be referred to B-3. There is also a new focus on looking at trauma issues that may have affected the child, with a heightened awareness that those must be addressed.

B-3 is moving towards a centralized intake. They would like to have an intake person to educate parents about typical child development and provide parent coaching. A parent listening session occurred, but only 4 families attended. Attention has turned to looking for ways to improve these sessions and get more families to respond. 176 surveys (random sample) were given out. B-3 needed 26 of those to be returned in order to meet the State requirement; 29 were returned. Missy will provide a summary of the feedback at the next meeting.

Agenda Item #5 – Report from Children's Long Term Support Council (Julie T.)

The council met in September and will be meeting again in a couple of weeks. Sometimes their focus is on systems of care and sometimes they focus on advocacy. It depends on where we are in the two-year budget cycle. Due to the current budget issues, their recent focus has been on advocacy – e.g. how changes in MA will affect children with special needs. Changes to the eligibility for children's waivers cannot occur until 2015. There can be changes to what is provided but not to eligibility criteria. The Federal government is required to approve Wisconsin's proposed changes to MA by Dec 31, 2011. It is not believed that the federal government will have time to respond by then. The Council is waiting at this point to see what is going to happen if there is no response.

The committee is looking for new parent involvement (representing a variety of ethnic and cultural backgrounds). Julie is willing to drive a new member that may not have a car or feel comfortable driving to Madison. She is also willing to help them with the application process to become a committee member. Perspective members should have a child under age 21 with a disability. Julie emphasized that this is a long-term commitment because it takes awhile to understand the proceedings involved. The Council meets quarterly.

The Regional Center is also getting calls about MA denials but even more so for denials of SSI. They often have to clarify for callers what is considered a disability (i.e. asthma is not necessarily considered a disability). "ABC for Health" is a non-profit law firm whose objective is to ensure that all children have health care coverage. The CYSHCN program has a small contract with them so the Regional Center can refer families to them if they are unable to assist them with their denial issues. Their website is <http://www.safetyweb.org/>

Agenda Item #6 – Future Planning -2012 meeting dates

There was brief discussion about holding some evening meetings or changing times. Veteran members reminded the group that past changes in that regard did not improve attendance. The next set dates for 2012 are Feb 16, May 17, Sep 20 and Nov 15. All meetings run from 12:00 – 1:30. The group wants to have further discussion about the possibility of meeting in the summer for a potluck, with the agenda being to inform potential newcomers about the group. Another suggestion was made to have video conferencing for families that cannot attend in person. Julie offered to begin the process of creating a new member packet. (Thank you, Julie!).

Chair/Co-Chair transition – Patrick will assume the role of Chairperson in January 2012. The group is looking for a new co-chair.

Potential Future Agenda Items:

- Children's Long Term Support Waivers – update (#'s, insurance mandate, new slots)
- New resource fair? (Is it time for one? what topics?)
- New member recruitment; creation of new member folder
- B-3 waiver update
- CYSHCN
- Summer picnic meeting (added to four standard meetings)
- How to use technology better to promote to SSAC

The Committee determined the educational segment of our next meeting would be our relationship with the CAFSAC committee. What do they need from us and what do we need from them?

Looking for new members! All are welcome to come and bring a friend, even if only to listen and learn about resources!

The next meeting is February 16, 2012 from 12:00 - 1:30 P.M.
Brookfield Room – Human Service Center

Julie T motioned to adjourn, seconded by Patrick J. at 1:28 p.m.

Respectfully submitted,

Erin Zellmer, CSW